

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

67772

State File No. _____

Registrar's No. 1085

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1085	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>MO-11</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>17</u> <u>9</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firmin Desloge Hospital</u> <u>U</u>				e. STREET ADDRESS (If rural, give location) <u>2223 - Mullamphy</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Augusta</u>		b. (Middle) _____		c. (Last) <u>Vanselow</u>	
4. DATE OF DEATH		(Month) <u>2-</u>		(Day) <u>3-</u>		(Year) <u>1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>6-20-1881</u>	
9. AGE (In years last birthday) <u>67</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 YEAR Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Richmond, Ill!</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>F.M. York</u>		13b. MOTHER'S MAIDEN NAME <u>Rogers, Emny</u>		14. NAME OF HUSBAND OR WIFE <u>Max Vanselow (Deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Senile Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1551</u> <u>74</u>				INTERVAL BETWEEN ONSET AND DEATH <u>undetermined</u> <u>Dec 1948</u> <u>Dec 1948</u>	
19a. DATE OF OPERATION --		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>2-3</u> , 19 <u>49</u> , to <u>2-3</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-3</u> , 19 <u>49</u> , and that death occurred at <u>12:15 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Inkley, M.D.</u> (Degree or title) <u>U</u>		23b. ADDRESS <u>1325 S. Grand, St. Louis 4, Mo.</u>		23c. DATE SIGNED <u>2-4-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>2-7-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S. A. Peter & Paul</u>		24d. LOCATION (City, town, or county) <u>St. Louis Co.</u> (State) _____	
DATE REC'D BY LOCAL REG. <u>FEB 17 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin Foutz</u> ADDRESS <u>4828 Natural Bridge</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed
Student Embalmer

Signed

John A. Mlinar

Licensed Embalmer No. *4186*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.